



PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT

Special Event Request Form

Event Information (Please type or print information clearly)

☐ Repeat Event☐ New Event

(Event Name)

(Corporate Name of Event Organizer)

(Date(s) and Time(s))

(Corporate Website Address for Event)

(Participant Checks Made Payable To)

(Billing Address)

(Event Organizer Contact Name)

(Event Organizer Phone & Email Address)

(Site Supervisor(s))

(Site Supervisor(s) Phone & Email Address)

Event Description:

Organization Type:

☐ Profit☐ Non –Profit

Corporate ID#: _____

Tax Exempt:

☐ Yes☐ No

Tax Exempt#: _____

Participant Registration Fee:

☐ Per Team☐ Per Participant

Anticipated

(Teams)

(Participants)

(Spectators)

Type of Event:

☐ Tournament☐ Camp/ Clinic☐ Other: _____

Park Location(s):

☐ Bert Winters☐ Glades Pioneer☐ Loggers' Run☐ South County☐ Buttonwood☐ John Prince☐ Okeeheelee☐ Veterans☐ Caloosa☐ John Stretch☐ Pinewoods☐ West Boynton☐ Canyon☐ Juno☐ Sandalfoot Cove☐ Westgate☐ Carlin☐ Jupiter Farms☐ Santaluces☐ West Jupiter☐ Duncan Padgett☐ Lake Charleston☐ Samuel Friedland☐ Other: _____☐ Dyer☐ Lake Lytal☐ Seminole Palms

Facility/Field/Amenity Type:

☐ Baseball☐ Softball☐ Multipurpose☐ Cricket☐ Court (Type) _____☐ Other: _____

Number of Field(s) Requested:

(# of fields and location requirements)

Example: Okee SB 1-4, LL SB 3-5

Maintenance Request:

(pitching/base distances, chalking requirements, outfield fence distance, field marking needs, coaching boxes, commitment line, etc)

Note: County staff determine the number of maintenance staff and hours required. Field lining for multipurpose fields is not available as a County maintenance service and is the responsibility of the Event Organizer.

Event Organizer's Initial (indicates understanding, acknowledgment, and acceptance): _____



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Event Details (Check all that apply)

1. Will there be any vendors?
☐ Yes ☐ No # of Vendors: _____
2. Will there be alcohol?
☐ Yes ☐ No For ☐ Sale or ☐ Raffle
3. Will there be a DJ or any other kind of music/announcements through Amplified Sound or PA System?
☐ Yes ☐ No Description: _____
4. Will the program/event require the use of electrical/power source? Generators?
☐ Yes ☐ No If yes, please explain: _____
5. Will there be any grills/cooking tools involved/required for the program/event? ☐ Propane or ☐ Electric?
☐ Yes ☐ No If yes, please explain: _____
6. Will there be any banners, windscreens or signage that will be hung up during the program/event?
☐ Yes ☐ No If yes, please explain: _____
7. Will there be a fee charged for Admission or Parking?
☐ Yes ☐ No If yes, please explain: _____
8. Will there be any Fundraising or Donations during the program/event?
☐ Yes ☐ No If yes, please explain: _____
9. Will PBSO Deputies/Security be required to be present during the program/event?
☐ Yes ☐ No If yes, please explain: _____
10. Will there be any of the following items?
**Delivery day/time of drop off/setup and breakdown/pick up must be approved by your County Liaison in advance.*
 - a. Chairs, tables and/or tents set up during the program/event?
☐ Yes or ☐ No? If yes, please explain: _____
 - b. Will there be any Fencing or Barricades required during the program/event?
☐ Yes or ☐ No? If yes, please explain: _____
 - c. Will there be any Port-O-Lets or Dumpsters required during the program/event?
☐ Yes or ☐ No? If yes, please explain: _____
 - d. Will a golf cart be needed during the program/event, or other motorized vehicles such as RV's, bus, etc.?
☐ Yes or ☐ No? If yes, please explain: _____
 - e. Will there be any Bounce Houses, Inflatables, Mechanical Rides or any other Amusements?
☐ Yes or ☐ No? If yes, what type of amusement: _____
11. How many Staff and Volunteers do you anticipate having during the program/event?
of Staff: _____ # of Volunteers: _____ # of Site Supervisors: _____
12. What other important information/equipment should we be aware of related to your Event Request?

AUTHORIZED SIGNATURE OF ACKNOWLEDGMENT

I, _____, hereby affirm that to the best of my knowledge and ability, all information provided in this Special Event Request Form is accurate and current.

Authorized Representative Name – Please Print

Authorized Representative Signature – Please Sign

Date

INTERNAL USE ONLY

DATE RECEIVED: ____ / ____ / ____

☐ APPROVED

☐ NOT APPROVED

STAFF INITIAL: _____ DATE: ____ / ____ / ____ REASON: _____